

Enclosure No: 10

Report to:	Integrated Care Board					
Date:	21 December 2023					
Title:	Report to the ICB Board on Performance and Finance					
Presenting Officer:	Paul Brown – Chief Financial Officer					
Author(s):	Colin Fynn – Head of Intelligence & Analytics Matt Shields – Head of System Finance					
Document Type:	Report					
Action Required (select):	Information (I)	<input checked="" type="checkbox"/>	Discussion (D)	<input type="checkbox"/>	Assurance (S)	<input checked="" type="checkbox"/>
	Approval (A)	<input type="checkbox"/>	Ratification (R)	<input type="checkbox"/>	(check as necessary)	
Is the decision within SOFD powers & limits	Yes / No	NO				
Any potential / actual Conflict of Interest?	Yes / No	NO If Y, the mitigation recommendations – Click or tap here to enter text.				
Any financial impacts: ICB or ICS?	Yes / No	NO If Y, are those signed off by and date: Click or tap here to enter text.				
Appendices:	Performance and Finance Report					

(1) Purpose of the Paper:

The purpose of this paper is to provide a summary of performance and finance received at the System Performance Group (SPG) and discussed at ICB Finance & Performance Committee (FPC).

(2) History of the paper, incl. date & whether for A / D / S / I (as above):	Date
System Performance Group (D)	29/11/2023
Finance and Performance Committee (S)	05/12/2023

(3) Implications:

Legal or Regulatory	Monitoring performance is a statutory duty of the ICB.
CQC or Patient Safety	Where non-delivery of activity indicates an adverse impact on patient safety this is investigated by the ICB Quality Team and pursued through the Clinical Quality Review Meeting (CQRM).
Financial (CFO-assured)	As outlined in the body of the report.
Sustainability	N/A
Workforce or Training	N/A
Equality & Diversity	N/A
Due Regard: Inequalities	N/A

Due Regard: wider effect		N/A			
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(4) Statutory Dependencies & Impact Assessments:					
Completion of Impact Assessments:		Yes	No	N/A	Details
	DPIA	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	If N, why Click or tap here to enter text. If Y, Reported to IG Group on Click or tap to enter a date.
	EIA	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Click or tap here to enter text.
	QIA	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	If N, why Click or tap here to enter text. If Y, Approved by QIA Panel on Click or tap to enter a date.
Has there been Public / Patient Involvement?		<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Click or tap here to enter text.

(5) Integration with the BAF & Key Risks:					
BAF1	Responsive Patient Care - Elective	<input checked="" type="checkbox"/>	BAF5	High Quality, Safe Outcomes	<input checked="" type="checkbox"/>
BAF2	Responsive Patient Care - UEC	<input checked="" type="checkbox"/>	BAF6	Sustainable Finances	<input checked="" type="checkbox"/>
BAF3	Proactive Community Services	<input checked="" type="checkbox"/>	BAF7	Improving Productivity	<input checked="" type="checkbox"/>
BAF4	Reducing Health Inequalities	<input checked="" type="checkbox"/>	BAF8	Sustainable Workforce	<input checked="" type="checkbox"/>

(6) Executive Summary, incl. expansion on any of the preceding sections:	
<p>The report was presented at the Finance and Performance Committee (F&PC) on 5th December 2023 which covered discussion around:</p> <ul style="list-style-type: none"> The headlines and escalations presented around Urgent and Emergency Care (UEC) performance. The positive performance around <ul style="list-style-type: none"> access targets in primary care and the % of appointments within 2 weeks from time of booking being above the Primary care network (PCN) Investment & Impact Fund (IIF) higher threshold (>90%) for September 2023. long-term condition (LTC) diabetes, epilepsy and asthma emergency admission rates for under 18-year-olds in September were below the same period in 2019/20. Access to Specialist perinatal community mental health services continues to improve following a range of actions put place earlier in 2023. At month 7, at a system level we are reporting a year-to-date deficit position of £75.5m, which is a £60.7m adverse variance against the £14.7m deficit plan (Month 6 –year to date deficit £66.4m; variance to plan £52.7m). The general themes driving our financial position are <ul style="list-style-type: none"> Continuing Health Care inflation and volume challenges, Inflation in excess of plan in primary care prescribing Efficiency under-delivery. In November, all Integrated Care Systems (ICSs) were required to review their 2023/24 financial positions and provide a budget refresh. In doing this, we have considered the most likely impact of the recovery plan actions as well as a detailed review of all commitments for the remainder of the financial year. Through this process, as a system we have indicated a most likely position of a £91.4m deficit. We are anticipating further discussions with NHS England on this position throughout the remainder of December and into January. 	

(7) Recommendations to Board / Committee:	
The Integrated Care Board is asked to: Note the exceptions highlighted in the report.	

Report to the ICB Board on Performance and Finance

ICB Board Meeting – 21 December 2023



Executive Summary for ICB Board

This report contains:

1. An executive summary outlining key [headlines](#) and [escalations](#).
2. A [placemat](#) that demonstrates at a high-level key metrics and deliverables within the 2023/24 operating plan.
3. Exception reporting against our [One Collective Aim](#) and [4 system priorities](#).
4. A finance summary including a [month 7 position](#) and an update on [efficiency delivery](#).

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- The headlines and escalations presented around [Urgent and Emergency Care \(UEC\) performance](#).
- The positive performance around
 - [access targets in primary care](#) and the % of appointments within 2 weeks from time of booking being above the Primary care network (PCN) Investment & Impact Fund (IIF) higher threshold (>90%) for September 2023.
 - [long-term condition](#) (LTC) diabetes, epilepsy and asthma emergency admission rates for under 18-year-olds in September were below the same period in 2019/20.
 - access to [Specialist perinatal community mental health](#) services continues to improve following a range of actions put place earlier in 2023.
- At month 7, at a system level we are reporting a year-to-date deficit position of £75.5m, which is a £60.7m adverse variance against the £14.7m deficit plan (Month 6 –year to date deficit £66.4m; variance to plan £52.7m).
- The general themes driving our financial position are
 - Continuing Health Care inflation and volume challenges,
 - Inflation in excess of plan in primary care prescribing
 - Efficiency under-delivery.
- In November, all Integrated Care Systems (ICSs) were required to review their 2023/24 financial positions and provide a budget refresh. In doing this, we have considered the most likely impact of the recovery plan actions as well as a detailed review of all commitments for the remainder of the financial year. Through this process, as a system we have indicated a most likely position of a £91.4m deficit. We are anticipating further discussions with NHS England on this position throughout the remainder of December and into January.




































Headline Summary

One Collective Aim	<ul style="list-style-type: none"> West Midlands Ambulance (WMAS) data for October indicates a 5.5% increase in Category 2 calls from the previous month, whilst Category 3 calls have decreased 6.4% from the previous month.
Urgent and Emergency Care (UEC)	<ul style="list-style-type: none"> The Integrated Discharge Unit (formerly Ward 80 Medically Fit For Discharge) and Frail and Elderly Assessment Unit Test Of Change went live and has shown strong indicative results. The multi-disciplinary team will be focussed on managing patients who can be discharged within 24 hours and to ensure there are no delays in complex discharge planning. Work is ongoing with WMAS ahead of winter to ensure both consistent Hospital Ambulance Liaison Officer provision and utilisation of alternative pathways.
Tackle Backlogs (Planned Care)	<ul style="list-style-type: none"> Eliminating 104+ and 78+ week waiters (ww) remains a system focus; downward trends are evident across the Integrated Care Board (ICB) and at University Hospitals of North Midlands NHS Trust (UHNM). One patient remains in the 104ww category in the ICB. UHNM continue to exceed monthly targets in reducing 65+ and 52+ ww, however latest Tier 2 reporting informs a deterioration, the number of 65+ ww is increasing (as at week ending 19th November).
Diagnostics	<ul style="list-style-type: none"> Performance against the 7-core test plan (of 78.2% of patients to be seen in <6 weeks in September) was 72.8%, the fifth consecutive month below the plan. Activity decreased in five of the seven tests (albeit minimally in all bar Computed Tomography where the decline was 1,126). When compared to last month. Magnetic Resonance Imaging (MRI) and Gastroscopy activity in August exceeded the plan – the only tests to do so this month.
Cancer	<ul style="list-style-type: none"> The number of patients whose treatment started after 62 days (at UHNM in month) is below plan in September and in October (provisional) data. The ICB 28-day faster diagnosis pathway saw 63.6% of patients told within 28 days (all providers), below plan of 71.4% in M6 and below the national standard of 75%.
General Practice/Primary Care	<ul style="list-style-type: none"> Access targets in primary care are on track and delivering as expected against plan. The % of appointments within 2 weeks from time of booking (within the 8 appointment categories) remains above the Primary care network (PCN) Investment & Impact Fund (IIF) higher threshold (>90%) for September 2023.
Prevention and Health Inequalities	<ul style="list-style-type: none"> The national objective to increase the percentage of appropriate patient on lipid lowering therapies; the national target of 60% has not been met in Q1 with performance at 55.9%. Performance in September 2023 was also below target at 56.2%.
Children and Young People (CYP)	<ul style="list-style-type: none"> All Long-Term Condition (LTC) diabetes, epilepsy and asthma emergency admission rates for under 18-year-olds in September were below the same period in 2019/20, as are the Year To Date (YTD) rates.
Complex individuals	<ul style="list-style-type: none"> Colleagues from Midlands Partnership University NHS Foundation Trust (MPFT), the local authority, the ICB and the NHS Midlands and Lancashire Commissioning Support Unit (MLCSU) attended the first CHC working group meeting on 19th of October, the workshop continues to meet. A CHC dashboard is progressing; the ICB have created a prototype, but work is underway to fully define its content, with the CHC Team.
Mental Health	<ul style="list-style-type: none"> Following a range of actions put place earlier in 2023, access to Specialist perinatal community mental health services continues to increase and was 102% of the Q2 plan in September.
Efficiency Delivery	<ul style="list-style-type: none"> The system has delivered £87m of efficiency as of October 2023, 83% of plan.






Escalations Summary

- [One Collective Aim](#) – WMAS Contract Monitoring for October indicates a 5.5% increase in Category 2 calls over the previous month, which equates to an additional 14 incidents per day. Category 3 calls, whilst 29% up on the same period last year, are showing a decrease of 6.4% on September. Incidents relating to breathing problems, as Covid and RSV infections rose in the community, are responsible for almost ¼ of the increase in Category 2 incidents.
- [Urgent and Emergency Care](#) – Emergency Department (ED) [attendances](#) through October continued the increase reported last month by rising by 3.8% on last month and recording levels 3.3% above the same month last year. Whilst Discharge volumes remain high, the proportion on [Pathway 0 \[non-complex discharges\]](#) in October showed little signs of movement, increasing by only 0.2% on last month and remaining below the plan, by 8%. By December 1st, the ICB needs to demonstrate 50 additional beds within the Core bed base, to fill the bed gap.
- [Planned Care](#) - The underlying [78ww position](#) is improving, however UHNM are currently forecasting 88, 78ww breaches in November and 84 in December. Without the Industrial Action impact, the expectation would be close to zero. UHNM are achieving the [patient initiated follow up](#) initiative (PIFU) target, but this is not resulting in a reduction in follow-ups required. Analysis of [new to follow up ratios](#) (September 19/20 compared to September 23/24) detail a declining ratio (in 23/24) across the top eight specialities (with the greatest number of follow-ups in September 2023), few have increased.
- [Efficiency Programme](#) – Key challenges remain to deliver recurrent efficiency within the current environment. We are currently forecasting a £8.8m shortfall of recurrent schemes at year end. All organisations have been ramping up assurance of Full Year Effect delivery into 2023/24 and the previously identified actions continue.

Overview of key underpinning deliverables

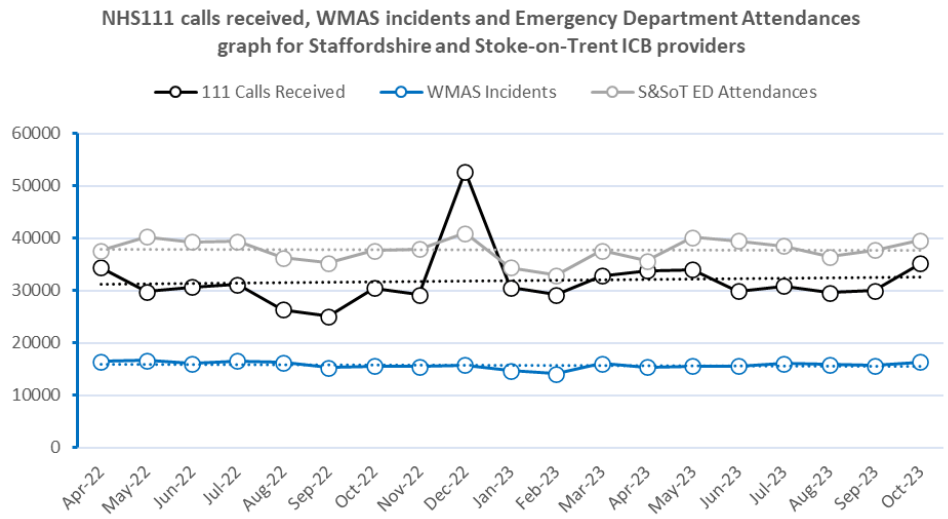
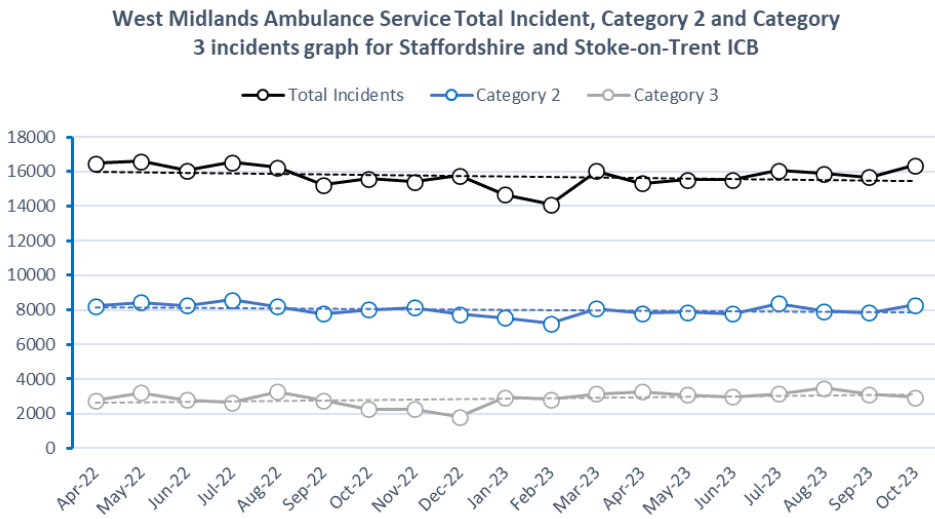
Children and Young People / Maternity	Planned Care, Diagnostics & Cancer	Improving Population Health	Urgent and Emergency Care	Mental Health, Learning Disability and Autism	Primary Care	End of Life, LTCS and Frailty
<ul style="list-style-type: none"> Design and Implement Long Term Conditions Programme: <ul style="list-style-type: none"> Asthma  Epilepsy and Diabetes  Implement Children with Complex Needs Project  Implementation of the national delivery plan for maternity and neonatal care  	<ul style="list-style-type: none"> Ongoing implementation of Patient Initiative Follow Up (PIFU)  Trajectory for eliminating 65 week waits delivered  Meeting 85% /theatre utilisation  Meeting 85% day case utilisation  Introduce Community Diagnostic HUBs  Optimal use of lower GI 2 week pathway  	<ul style="list-style-type: none"> Systematic implementation of the Core20 approach  Implement NHS Long Term Plan prevention programmes  Utilise population health management techniques  	<ul style="list-style-type: none"> Implement Capital Investment Case  76% of patients seen within 4 hours in A&E  Bed occupancy 92% or below  Full review and priority setting for virtual wards.  Deliver a fully integrated discharge "hub"  	<ul style="list-style-type: none"> Improve the crisis pathways including 111 and ambulance response  Undertake a Psychiatric Intensive Care Unit (PICU) Options Appraisal  Minimise waiting times for autism diagnosis  Improving Access to Talking Therapies  Increased number of people with a Serious Mental Illness (SMI) having annual physical health check  	<ul style="list-style-type: none"> % Appointments within 14 days of booking  Patient Experience (GPPS & FFT positive responses)  Deliver Additional Roles Reimbursement Scheme (ARRS) – Budget utilisation %  Direct Patient Care FTE per 10,000 pop. vs. National  Digital Pathways  GP Referrals to Community Pharmacy Consultation Service (CPCS).  Deliver recovery of dental activity (UDA's)  	<ul style="list-style-type: none"> The creation of a Palliative End of Life Care (PEoLC) strategy  Identification of Patients in the last 12 months of life recorded on Palliative Care Registers in Primary Care  The creation of a Long Term Conditions (LTC) strategy  Transformation programme around Cardiovascular (CVD), Respiratory and Diabetes  Delivery of the frailty strategy 

TRAFFIC LIGHT KEY:

-  On track
-  Behind plan and no mitigations identified as yet to improve position in year
-  Measure of success under review by the portfolio
-  Deliverable behind plan, but mitigations in place to try and improve the position
-  Complete

Exception reporting against our One Collective Aim

One Collective Aim	Points to note
<p>Reduce the number of Category 2 and 3 ambulance calls</p> <p><i>The data provided here are the incidents derived from calls to West Midlands Ambulance Service (WMAS) for our ICB only.</i></p> <p><i>Charts run from April 2022.</i></p>	<ul style="list-style-type: none">October's data indicates a 5.5% increase in Category 2 calls from the previous month, which equates to an additional 14 incidents per day. Category 3 calls, whilst 29% up on the same period last year, are showing a decrease of 6.4% on September. Much of the increase in Category 2 calls, 23%, was due to Breathing Problems as Covid and RSV infections increased through the community, whilst Medical calls saw a 12% increase. The decrease in Category 3 incidents included reductions in Falls, Medical, Mental Health and Trauma.Emergency Department (ED) Attendances through October continued the increase reported last month by rising by 3.8% on last month and recording levels 3.3% above the same month last year.The total number of 111 calls during October 2023 increased by 17.3% on the previous month, and 15.7% when compared to the same period of 2022/23, an increase equivalent to 167 and 154 extra calls per day, respectively.UHNM are in segment 3 of the NHS Oversight Framework with 5 exit criteria in place in relation to UEC with challenged performance in Ambulance Handover Delays and > 12-hour waits. With continual monitoring against all exit criteria to gauge progress.Monitoring against contractually agreed trajectories continues with Category 2 Mean Response times reporting significantly above the 30-minute threshold for October. The latest 4-week average of 57m 20s was 10th out of 11 in the Midlands region.



Exception reporting against our 4 system priorities (1)

System Priority	Key points this month or actions and observations for the coming months
1. Urgent & Emergency Care Focus on prevention, hospital avoidance and appropriate and timely discharge	<ul style="list-style-type: none"> In hospital – The 4hr A&E performance target at UHNM reduced markedly due to system pressures, falling to 60.2% at the end of October before recovering slightly 62.7% through the start of November. The number of patients waiting 12+ hours over the last 10 weeks is averaging 425 per week. Surge – The Bed occupancy rate in October has increased by 1.5 percentage points to 91.8% from September, this is reflective of the pressure we are managing. By December 1st, the ICB needs to demonstrate 50 additional beds within the Core bed base, as reported in the Sitrep (a request from Region). Single Point of Access – Demand and Capacity modelling underway to identify forecast impact and requirements of a full 24hr service. The Ambulatory Clinical Decisions Unit (ACDU) is now open and functional to eight large reclining chairs. Utilisation has been under target for the first week but will be improved as the model and pathways are embedded. Productivity Audit completed by UEC Clinical Director identified that overnight teams are operating above national productivity benchmarks and are sufficiently resourced. Priority will be given to ensuring additional resources are provided ensuring as small a backlog as possible for the night shift, to follow through into the following mornings alleviating the start of day pressure. Surge Planning – November exceeded the expected bed deficit of -39, true capacity gaps assessed to be -68 due to delays in onboarding capacity.
2. Tackle Backlog (Planned Care) Backlog reduction	<ul style="list-style-type: none"> Follow-up attendance is at a lower level of activity than planned. However, achieving the national target of 25% reduction is challenging and remains the focus of outpatient transformation schemes. The Day case rate at UHNM remains above plan (of 86.9%) in September. 65+ week waits at UHNM were below the plan in September (1,078 against a plan of 1,272). The pace has been impacted by Industrial Action. 78 week waits at UHNM have remained stable but remain above 100. Eliminating 78+ week waiters remains a significant challenge, 92 are forecast for the end of November [at UHNM], 84 at the end of December (weekly recovery pack w/e 12th November) 104+ week waits: 1 across the ICB (as at w/e 5th November) and at UHNM the forecast is for there to be one in November and one in December (UHNM Weekly recovery pack w/e 12th November). Diagnostic activity was below plan in September (across the 7 core tests) by 9.5%, MRI and Gastroscopy the only tests to exceed the plan again. The percentage of patients seen in <6 weeks (at 72.8%) increased (from August) but was below the plan for September (of 78.2%). The latest UHNM position (w/e 12th November) shows the 62-day backlog has increased, now 422, above their revised trajectory of 410. The 104-day Cancer backlog at UHNM (w/e 12th November) has decreased to 123 and remains below the revised trajectory (of approximately 136). The 28-day faster diagnosis standard (FDS) was below plan and below the National Standard of 75%, in September, at both UHNM (60.3% and across the ICB (63.6% for all Providers). UHNM are in segment 3 of the NHS Oversight Framework with 8 exit criteria in place in relation to High Proportion of Urgent Cancer waits and High volume of Long Waits > 78 weeks.

Exception reporting against our 4 system priorities (3)

System Priority	Key points this month or actions and observations for the coming months
3. General Practice / Primary Care Ensuring that residents have appropriate, timely and equitable access to services	<ul style="list-style-type: none"> The September 2023 Did Not Attend (DNA) rate was 6.6% - an increase of 2.3% from August but in-line with previous seasonal trends. The Scheduled Units of Dental Activity (UDAs) decreased in September and remains below the contracted number. A delay to the ability to rebase UDAs is an issue in terms of timeframes to lever change to dentistry provision. Additional Roles Reimbursement Scheme (ARRS) stands at 445.2 Full Time Equivalent (FTE) for September and remains below plan however the FTE continues to increase month-on-month.
4. Complex Individuals Improving access to high quality and cost-effective care for people with complex needs, which requires multi-agency management	<ul style="list-style-type: none"> All Age Continuing Care – The CHC system collaboration of providers continues to lead the delivery against the 8 identified workstream priorities. The ICB has strengthened the CHC ICB/ MLCSU governance framework, which includes a refreshed and revised meeting structure with supporting Terms of Reference. A CHC performance dashboard is under development with support from BI (business intelligence) colleagues, first draft expected December. ICB eligibility verification commenced on 13th October, draft Standard Operating Procedure (SOP) developed and daily panel in place. An internal audit, run by RSM UK to take place 27th, 28th and 29th November. The CHC Equity Policy was approved by Quality Safety Committee (QSC) on 8th November, a launch is being developed for December 2023. End of Life – a range of initiatives are due to come on stream in December 2023, in partnership with the local hospices. They will support the system recovery plan and the surge plan as we head into Winter. Work on the development of a Long Term Conditions Strategy has commenced, with a first draft due in December 2023 Access to Children and Young People (CYP) community mental health services at 13,795 in September (rolling 12 month position) - below the Q2 plan (of 15,800) by 12.7%. The Dementia diagnosis rate at 72.2% continues to exceed the national target of 66.7%, however it is 3.5% below the Q2 stretch target outlined in our local plan (75.7%). Mental Health /Learning Disabilities & Autism - Diversion of SDF funding from its intended purpose will impact on the ability to pump prime any initiatives to co-produce with people with lived experience and their families.

Finance Summary

- At month 7, at a system level we are reporting a year-to-date deficit position of £75.5m, which is a £60.7m adverse variance against the £14.7m deficit plan (Month 6 –year to date deficit £66.4m; variance to plan £52.7m).
- The year-to-date variance to plan sits within the ICB (£50.5m) and UHNM (£10.9m) with NSCHT and MPFT slightly better than plan. The main drivers behind this variance remain consistent with prior months, being:
 - CHC and prescribing costs being over and above the inflationary assumptions used within the system plan submission (£25.9m)
 - Slippage on efficiency programmes within the plan (£17.2m)
 - Retention of escalation beds longer than initially planned due to the ongoing UEC demands within the system (£7.0m)
 - Industrial action throughout the financial year, which impacted UHNM over and above plan (£3.9m)
- Throughout the planning round for 2023/24 we flagged a material level of financial risk but as a system we agreed to plan to break even. In agreeing to this plan, we signalled clearly that breakeven would require a best-case outcome across a range of assumptions. Unfortunately, that best case scenario is not playing out. Prior to the implementation of further measures, the NHS partners in the system face a collective in-year deficit of £141m for 2023/24. This excludes risks on the Elective Recovery Fund both nationally from uncertainty of level of activity required to achieve the system allocation and locally due to the independent sector delivering ahead of contract and out of system providers are not delivering at contracted levels.
- Throughout the planning round for 2023/24 we flagged a material level of financial risk but as a system we agreed to plan to break even. In agreeing to this plan, we signalled clearly that breakeven would require a best-case outcome across a range of assumptions. Unfortunately, that best case scenario is not playing out.
- In November, all ICSs were required to review their 2023/24 financial positions and provide a budget refresh. In doing this, we have considered the most likely impact of the recovery plan actions as well as a detailed review of all commitments for the remainder of the financial year. Through this process, as a system we have indicated a most likely position of a £91.4m deficit. We are anticipating further discussions with NHS England on this position throughout the remainder of December and into January.
- Our capital reporting is on track with what we expected when we submitted our capital plan for 2023/24. We have an overspend regarding Project Star which are known to region and which we are managing as a system.

Month 7 Position

- The general themes driving our financial position are CHC inflation & volume challenges, inflation in excess of plan in primary care prescribing and efficiency under-delivery.
- There are internal plans being developed and work ongoing to review the CHC challenges the system continues to face. Strong emphasis to close the efficiency gap remains, see the following slide.

Month 7			
System	Plan	£m YTD	Variance
Income	2,573.4	2,590.7	17.3
Pay	(697.1)	(691.0)	6.1
Non Pay	(362.5)	(401.2)	(38.7)
Non Operating Items (exc gains on disposal)	(16.7)	(11.7)	5.1
ICB/CCG Expenditure	(1,511.8)	(1,562.4)	(50.5)
Total	(14.7)	(75.5)	(60.7)
			-2.3%

Month 6		
Plan	£m YTD	Variance
2,203.8	2,214.3	10.5
(597.0)	(591.2)	5.8
(310.8)	(341.4)	(30.6)
(14.4)	(10.1)	4.3
(1,295.4)	(1,338.1)	(42.7)
(13.7)	(66.4)	(52.7)
		-2.4%

Month 7			
ICB	Plan	£m YTD	Variance
Allocation	1,492.2	1,492.2	(38.7)
Expenditure	(1,511.8)	(1,562.4)	0.0
TOTAL ICB Surplus/(Deficit)	(19.7)	(70.2)	(50.5)
			-3.4%

Month 6		
Plan	£m YTD	Variance
1,276.8	1,276.8	(30.6)
(1,295.4)	(1,338.1)	0.0
(18.6)	(61.2)	(42.7)
		-3.3%

Month 7			
UHNM	Plan	£m YTD	Variance
Income	620.2	635.9	15.7
Pay	(379.8)	(382.4)	(2.6)
Non-Pay	(221.1)	(247.7)	(26.5)
Non Operating Items (exc gains on disposal)	(16.3)	(13.6)	2.6
TOTAL Provider Surplus/(Deficit)	3.1	(7.8)	(10.9)
			-1.7%

Month 6		
Plan	£m YTD	Variance
531.6	543.4	11.8
(325.1)	(328.2)	(3.1)
(189.5)	(210.8)	(21.3)
(14.0)	(11.7)	2.2
3.1	(7.2)	(10.4)
		-1.9%

Month 7			
MPFT	Plan	£m YTD	Variance
Income	364.2	367.9	3.7
Pay	(262.7)	(254.6)	8.0
Non-Pay	(101.3)	(114.0)	(12.6)
Non Operating Items (exc gains on disposal)	1.6	3.0	1.4
TOTAL Provider Surplus/(Deficit)	1.8	2.3	0.5
			0.1%

Month 6		
Plan	£m YTD	Variance
312.4	313.8	1.4
(225.2)	(217.3)	7.8
(86.9)	(97.1)	(10.2)
1.4	2.5	1.2
1.6	1.8	0.2
		0.1%

Month 7			
NSCHT	Plan	£m YTD	Variance
Income	96.8	94.7	(2.1)
Pay	(54.6)	(53.9)	0.7
Non-Pay	(40.0)	(39.6)	0.5
Non Operating Items (exc gains on disposal)	(2.1)	(1.0)	1.0
TOTAL Provider Surplus/(Deficit)	0.1	0.2	0.2
			-0.2%

Month 6		
Plan	£m YTD	Variance
83.0	80.3	(2.7)
(46.8)	(45.7)	1.1
(34.4)	(33.5)	0.9
(1.8)	(0.9)	0.9
0.1	0.2	0.1
		-0.1%

Efficiency Delivery

- **The system has delivered £87m of efficiency as of October 2023, 83% of plan.** Forecasts project the system remain £12.3m behind their total efficiency plan by year end, and there remains a level of risk within this forecast due to the size of the efficiency target within the plan.
- Key challenges remain to deliver recurrent efficiency within the current environment. We are currently forecasting a **£8.8m shortfall of recurrent schemes at year end.** All organisations have been ramping up assurance of FYE delivery into 2023/24 and the previously identified actions continue.

